U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository
10-FEB-2006	Reference No. 10149973

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
Address		
City BADEN / State PA / Zip Code	Evening Telephone Number	

Do you authorize N[redacted] manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a [redacted] ir name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 2/17/06

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
SALJY[redacted]	LAND ROVER	DISCOVERY	1995

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
01-JUL-98	AIRPORT TOYOTA UNKNOWN			No. Cylinders	Gas
Original Owner ☐	Dealer's City MOON TOWNSHIP	State PA	Zip Code		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	4 WHEEL DRIVE	050000 PARKING BRAKE Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed	
06-FEB-2006	103000		

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL8ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION
(Please identify, in detail the incident(s), Example: Crash - and injuries)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1		Y

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure: i.e. parts repaired or replaced (and if old part is available).

DT*: THE CONTACT STATED AFTER PARKING THE VEHICLE ATOP A HILL, THE VEHICLE WAS PLACED IN PARK, THE EMERGENCY BRAKE APPLIED, AND THE KEY WAS REMOVED FROM THE IGNITION. THE CONTACT EXITED THE VEHICLE AND WITNESSED THE VEHICLE ROLLING DOWNHILL AND STRIKING A TREE. THE VEHICLE SUSTAINED FRONTAL IMPACT DAMAGE AND THE FRONTAL AIRBAGS DEPLOYED UPON IMPACT. A PASSENGER SITTING IN THE REAR WHO WAS NOT WEARING A SEATBELT SUSTAINED MINOR INJURIES. THE POLICE WERE ON THE SCENE AND A REPORT WAS TAKEN. THE VEHICLE WAS NOT INSPECTED BY A DEALER OR INSURANCE ADJUSTOR.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY.